Name (Print/Type) Ralph C. Francis

Date January 8, 2007

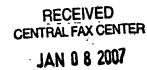
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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unloss it displays a valid OMB control number Effective on 12/06/2004. Complete if Known regeived Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/789.105 CENTRALIFAX CENTER TRANS Filing Date February 27, 2004 For FY 2006 1ANIO 8 2007 First Named Inventor Cinim Roberts Examiner Name Borgeest, Christina M. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1849 TOTAL AMOUNT OF PAYMENT 120.00 Attornoy Docket No. LP-02-019 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 08-1838 Deposit Account Name: Francis Law Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge (ee(s) Indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee.(\$) Egg.(3) Fop (\$) Foos Poid (\$) Foo (\$) F00 (\$) F.00,(\$) 300 Utility 500 150 250 200 100 Design 200 100 100 130 50 65 200 Plant 100 300 150 160 RO Reissue 300 500 600 150 250 300 Provisional 200 100 0 D Ò EXCESS CLAIM FEES Small Entity Fag (5) Fee Description F99 (\$) Each cluim over 20 (including Reissues) 50 100 Each Independent claim over 3 (including Reissues). 200 360 180 Multiple dependent claims <u>Total Claims</u> Extra Claims Fee (\$) Fee Pald (\$) Multiple Dependent Claims - 20 or HP = Foo (\$) Foo Paid (5) HP = highest number of total claims paid for, if greater than 20. Extra Cinima <u>indep. Claims</u> F00.(\$) Foo Paid (\$) - 3 or HP . HP = highest number of independent claims pold for, if greater than 5. . APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (5) Fpo (\$) 150 -_ (round up to a whole number) 🗵 4. OTHER FEE(S) Foos Pald (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Polition for Extension of Time 120,00 SUBMITTED BY Registration No. 38,884 Telephone (510) 533-1100 Signature (Atlomey/Anant)

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| From: | Ralph C. Francis |
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| Hanell | e Jones | · · · · · · · · · · · · · · · · · · · | T | |
| Typed or printed name Dan | ielle Jones | | Date | 01/08/07 |

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| TRANSMITTAL | Filling Date | February 27, 200 | |
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| | Art Unit | 1649 | JAN U 8 2007 |
| | Examinor Namo | Borgeest, Christin | a M. |
| (to be used for all correspondence after Initial filing) Total Number of Pages in This Submission | Attorney Docket Number | LP-02-019 | |
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| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Application Number | 10/789,105 | |
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| For FY 2006 | First Named Inventor | Claire Roberts | CENTRAL FAX CE |
| | Examinor Namo | · · · | 1441 0 20 |
| Applicant claims small entity status. See 37 CFR 1.27 | Art Unit | Borgeest, Christina M. | JAN D 8 20 |
| TOTAL AMOUNT OF PAYMENT (\$) 120.00 | Altorney Docket No. | 1649 LP-02-019 | |
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